Name in Full: Mrs. — Krauss Liles

CERTIFICATE OF DEATH

MARYLAND

1904

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rising Sun — County: Cecil

Date of death: Month: Dec. — Day: 8th — 1904 — Age: Years: 67 — Months: 1 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Rising Sun Md.

Occupation: House wife — Where Residing if not at place of death: Rising Sun

Married, Single or Widowed: widow — Name of Wife or Husband: Stephen Liles

Father's Name: Joseph Krauss — Father's Birthplace: Philadelphia

Mother's Maiden Name: Sarah Worrell — Mother's Birthplace: " "

Name of person giving Information: Amos Liles — How related to deceased: Son

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Cancer of Stomach — How long: 9 months

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Peeples M.D.

Address: Kirks Mills Lancaster Co. Pa.

Accident or Suicide?

LIBRARY BUREAU A88516

Union Cemetery
Chester Co Pa
Tuesday Dec 13 1904
J H Burkins
undertaker

Name in Full: Lelia Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: N. Em — County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	Dec	17	Age 21		

Sex: Female — Color or Race: Col'd — Birthplace: Cecil Co

Occupation: Housework — Where Residing if not at place of death: N. Em

Married, Single or Widowed: Married — Name of Wife or Husband: James Anderson

Father's Name: Nic Green — Father's Birthplace: Cecil Co

Mother's Maiden Name: Fanie Green — Mother's Birthplace: Cecil Co

Name of person giving information: Patrick Anderson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: One year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. Greenleaf

Address: North Em

Accident or Suicide?

LIBRARY BUREAU A68516

CERTIFICATE OF DEATH

MARYLAND

1904

Name in Full: Hannah Fulton R. Boulden

Died at — Town: Elkton — County: Cecil

Date of death: Month: Dec — Day: 30 — Year: 1905 — Age: Years: 82 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housekeeper — Where Residing If not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	James Fulton	Father's Birthplace	Md
Mother's Maiden Name	Hannah Simpers	Mother's Birthplace	Md.
Name of person giving Information	Howard Green	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 days

Immediate: Senility — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles M Ellis

Address: Elkton Md.

Accident or Suicide?

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LIBRARY BUREAU A6881Q

Name in Full: David G. Brickley -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenhurst — County: Cecil

Date of death: Month: Dec — Day: 11 — Year: 1904 — Age: Years: 73 — Months: 4 — Days: 7

Sex: Male — Color or Race: White — Birthplace: ~~Delaware Co~~

Occupation: Farmer — Where Residing if not at place of death: Greenhurst,

Married, Single or Widowed: Married — Name of Wife or Husband: Isabella Brickley -

Father's Name: Wm Brickley — Father's Birthplace: Cecil Co.

Mother's Maiden Name: Margaret McMullen — Mother's Birthplace: " "

Name of person giving information: Sam'l M Brickley - — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Sam'l A Taylor M.D.

Address: Rising Sun Md

Accident or Suicide? No

LIBRARY BUREAU A66316

Name in Full: Henry Reynolds Carlin 4 Dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carlins Miles — County: Cecil

Date of death 1904: Month: 12 — Day: 10 — Age: Years 83 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Robt Carlin — Father's Birthplace: Pa.

Mother's Maiden Name: Mary Reynolds — Mother's Birthplace: Pa

Name of person giving Information: C S Peacock — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 32 hrs

Immediate: Synedope — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. F. Carrico MD

Address: Cherry Hill Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Bezoni Cooling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryville; County: Cecil

Date of death: Month: Dec; Day: 2; 1904

Age: Years: 7; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Perryville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Cooling

Father's Birthplace: Cecil Co

Mother's Maiden Name: Carrie Graham

Mother's Birthplace: " "

Name of person giving information: Harry Cooling

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Membranous Laryngitis

How long: Three days

Immediate: Suffocation

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M. Stevens

Address: Perryville

Accident or Suicide?

Maryland

LIBRARY BUREAU A6881G

Name in Full: James D. Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sassafras Neck; County: Cecil

Date of death 1904: Month: 12; Day: 10; Age: Years: 76; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Cecil Co.

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Martha A. Davis

Father's Name: Noble Davis; Father's Birthplace:

Mother's Maiden Name: Rachel Ruley; Mother's Birthplace: Cecil Co.

Name of person giving In formation: Charles Davis; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hodgkins Disease; How long: Three Years

Immediate: Maration from abov; How long: — — —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. M. Crawford

Address: Leiltow md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Dunsmore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marley Mills — County: Cecil

Date of death: Month: 12 — Day: 9 — 1904

Age: Years: 74 — Months: — Days:

Sex: male

Color or Race: White

Birthplace: Ireland

Occupation: Paper maker

Where Residing if not at place of death: —

Married, Single or Widowed: married

Name of Wife or ~~Husband~~: Annie Dunsmore

Father's Name: Ephriam Dunsmore

Father's Birthplace: Ireland

Mother's Maiden Name: Eliza

Mother's Birthplace: Ireland

Name of person giving Information: Mrs. E. Rittenhouse

How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 7 days.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Linton Mitchell M.D.

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Dorsey L. Ewing

CERTIFICATE OF DEATH
(4th Dist)
MARYLAND

Died at: Town: Blake — County: Cecil

Date of death 1904 — Month: 12 — Day: 28 — Age: Years 80 — Months 11 — Days 13

Sex: Female — Color or Race: White — Birthplace: Stanton Del

Occupation: — Where Residing if not at place of death: Ch Blake

Married, Single or Widowed: Married — Name of Wife or Husband: Olivia B Ewing

Father's Name: Andrew Ford — Father's Birthplace: England

Mother's Maiden Name: Clarissa Symmes — Mother's Birthplace: —

Name of person giving Information: Amos Ewing — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: —

Immediate: Arteriosclerosis — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C H Ford

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A83516

(Overlooked)

Name in Full: Hellen Hakey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Perryville — County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	12	4	Age	9	—

Sex: Female — Color or Race: White — Birthplace: Perryville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Hakey — Father's Birthplace: Harford Co,

Mother's Maiden Name: Mary Harrell — Mother's Birthplace: " "

Name of person giving Information: John Hakey — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Acute Bronchitis — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. M. Stump M.D.

Address: Perryville

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John W Gifford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil

Date of death 1 90 — Month: Dec — Day: 13 — Years: Age 76 — Months: — — Days: —

TO BE ANSWERED BY NEARREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: James Gifford — Father's Birthplace: England

Mother's Maiden Name: Ruth Edmunds — Mother's Birthplace: " "

Name of person giving In formation: Viola Rose — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 17 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Gifford

Address: Zion Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full (Godfrey (wife))

CERTIFICATE OF DEATH

MARYLAND

Died at Elkton Town — Cecil County

Date of death 1904 Month Dec Day 24 — Age Years — Months — Days

Sex Female — Color or Race White — Birthplace Elkton

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Charles Godfrey — Father's Birthplace Pa

Mother's Maiden Name Mary Caldwell — Mother's Birthplace Md

Name of person giving Information Mary Godfrey — How related to deceased mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary S. — How long —

Immediate Still Born — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm D Crawley

Address Elkton Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: William Harvey 3 bish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Childs; County: Cecil

Date of death: Month: Dec; Day: 14; 1904

Age: Years: 69; Months; Days

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife ~~or Husband~~: Lydia Harvey

Father's Name: John Harvey

Father's Birthplace: Md

Mother's Maiden Name: Aknora Janney

Mother's Birthplace: Md.

Name of person giving Information: Edgar Harvey

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia

How long: 6 yrs

Immediate: Heart Disease

How long: 1st year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Rachael Helen Heath

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Baroldino — County: Cecil

Date of death 1904 — Month: 12 — Day: 18 — Age: Years — Months: 1 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Thomas Heath — Father's Birthplace: Md

Mother's Maiden Name: Rachael Clarke — Mother's Birthplace: Md

Name of person giving In formation: Rachael Clarke — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia — How long: 4 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Carrico M.D.

Address: Cherry Hill Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sarah Elizabeth Jameson

CERTIFICATE OF DEATH

MARYLAND

Died at: Elkton (Town) — (County)

Date of death: 1904 — Month: Jan — Day: 20 — Age: Years — Months: 2 — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Jameson — Father's Birthplace: —

Mother's Maiden Name: Mary E. Ridgely — Mother's Birthplace: —

Name of person giving Information: Mrs Jameson — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. A. Crawley

Address: Elkton Md

Accident or Suicide: —

LIBRARY BUREAU A86516

Name in Full: Everett Janney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bayview — County: Cecil

Date of death: Month: Dec — Day: 11 — Year: 1904 — Age: Years: 7 — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Bayview

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wilbur Janney — Father's Birthplace: Cecil Co

Mother's Maiden Name: Caroline Harris — Mother's Birthplace: " "

Name of person giving information: Wilbur Janney — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet — How long: 18 weeks

Immediate: Uremia — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. [illegible]

Address: Bayview Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Mrs Liza Ann Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Almshouse — County: Cecil

Date of death: 1904 — Month: Dec. — Day: 15th — Age: Years: 71 — Months: — Days:

Sex: Fem'l Female — Color or Race: Col'd — Birthplace: Virginia

Occupation: Home Wife — Where Residing if not at place of death: Almshouse

Married, ~~Single~~ Widowed — Name of ~~Wife~~ Husband: Stephen Jones

Father's Name: Harry Mahold — Father's Birthplace: Virginia

Mother's Maiden Name: don't know — Mother's Birthplace: Virginia

Name of person giving Information: Emma Webster — How related to deceased: daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia Senile Gangrene — How long: 6 months

Immediate: Senile Gangrene — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward G. Miller

Address: North East, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

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Name in Full: Alvin Henry Kline

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East; County: Cecil

Date of death: 1904 Month: 12 Day: 25

Age: Years: 15 Months: 10 Days: 12

Sex: Male Color or Race: White Birthplace: Elkneck

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: William H Kline Father's Birthplace: North East

Mother's Maiden Name: Hanna A Merry Mother's Birthplace: Elkneck

Name of person giving information: Hanna A Kline How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: One week

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Bennefield M. D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Lizzie May Logan

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Leslie — County: Cecil

Date of death	Month	Day	Age	Months	Days
1904	Dec	17	0	4	5

Sex: Female — Color or Race: White — Birthplace: Leslie Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: A. Kirk Logan — Father's Birthplace: North East Md

Mother's Maiden Name: Anna M Brown — Mother's Birthplace: Calvert Md

Name of person giving Information: A. K Logan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Heart Disease — How long: 4 days

Immediate: Heart Failure — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Theo A Brown

Address: North East Md

Accident or Suicide?

LIBRARY BUREAU A6U516

Name in Full: Saml O Morrison 4 Dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fair Hill — County: Cecil

Date of death: Month: Dec — Day: 9 — Years: 1 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Amos A. Morrison — Father's Birthplace: Md

Mother's Maiden Name: Edith Sargent — Mother's Birthplace: Del

Name of person giving Information: Amos A Morrison — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough with Broncho-pneumonia — How long: 2 months

Immediate: Hemorrhage — How long: 2 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Mary A. Rhodes.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cecilton; County: Cecil

Date of death 1904: Month: Dec; Day: 20

Age: Years: 68; Months: 2; Days: 2

Sex: Female; Color or Race: White; Birthplace: Delaware.

Married, Single or Widowed: Widowed; Occupation:

Name of Wife or Husband: M. J. Rhodes.

Father's Name: Robert McCoy; Father's Birthplace: Delaware

Mother's Maiden Name: Mary Rowan; Mother's Birthplace: Delaware.

Name of person giving information: Clara Clayton; How related to deceased: Niece

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Maniation Gradual decay; How long:

Immediate: " " " ; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. N. Crawford

Address: Cecilton Md

Accident or Suicide?

LIBRARY BUREAU A58510

Name in Full: Adda Rutter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ches City; County: Cecil

Date of death: 1904; Month: 12; Day: 30; Age: Years: 17; Months: 9; Days:

Sex: Female; Color or Race: Colord; Birthplace: Ches City

Occupation: House maid; Where Residing if not at place of death: Ches City

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Rutter; Father's Birthplace: Del

Mother's Maiden Name: Mary Bayard; Mother's Birthplace: Del

Name of person giving Information: Howard Rutter; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 4 years

Immediate: —; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W C Kearney

Address: Cherry Hill Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88616

Name in Full: Matilda Stuart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cecilton; County: Cecil

Date of death 1904: Month: 12; Day: 4

Age: Years: 71; Months: —; Days: —

Sex: Female

Color or Race: African

Birthplace: Kent Co Md

Married, ~~Single~~ or Widowed

Occupation: Laborer House

Name of ~~Wife or~~ Husband: James Stuart

Father's Name: David Johnston

Father's Birthplace: Kent Co Md

Mother's Maiden Name: Jane Johnston

Mother's Birthplace: " " "

Name of person giving information: Annie Edwards

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart

How long: Thirty Years

Immediate: Dropsy

How long: Three months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Evan Crawford MD

Address: Cecilton Md

~~Accident or Suicide~~?

LIBRARY BUREAU Aboste

Name in Full: Henry Verbonic

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Port Deposit — County: Cecil

Date of death: Month: Dec — Day: 13 — Year: 1904 — Age: Years: 33 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Italy

Occupation: Housewife — Where Residing if not at place of death: Port Deposit

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Michale Verbonic

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Husband — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 15 Minutes

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Clemson

Address: Port Deposit

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

Name in Full: Peter Welch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rising Sun — County: Cecil

Date of death: 1904 — Month: 12 — Day: 3 — Age: Years 80 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Farmer — Where Residing if not at place of death: At Rising Sun

Married, Single or Widowed: Widower — Name of Wife or ~~Husband~~: Bridget Ryan

Father's Name: Patrick Welch — Father's Birthplace: Ireland

Mother's Maiden Name: [illegible] — Mother's Birthplace: Ireland

Name of person giving In formation: Catharine E. McKelvey — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammatory Rheumatism — How long: Four weeks

Immediate: General debility — How long: do

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Leigh Richardson

Address: Colora — Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Thomas Wright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rising Sun; County: Cecil

Date of death: Month: Dec; Day: 24; 1904; Age: Years: 67; Months; Days

Sex: Male; Color or Race: White; Birthplace: Lanc., Co., Pa

Occupation: Farmer. Miller & Coboard; Where Residing if not at place of death: Rising Sun, Md

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Isabella Pennell Wright

Father's Name: James Wright; Father's Birthplace: Lanc., Co., Pa

Mother's Maiden Name: ; Mother's Birthplace: " " "

Name of person giving Information: Isabella Wright; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: 3 days

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Jas

Signature of Physician: J B Sloan

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU A66516

Neme In Full

Coolzis Young

Certificete of Deeth

Died at Town: Ceil Neck County: Cecil MARYLAND

Date 1904 Month: Dec Day: 24 | Age Y. 18 M. D. | Native: Cecil | Occupetion: Hammock

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Colored~~ ~~Number of children living~~

Husband of Wife

Fether's Name: Henry Young

Mother's Maiden Name: Alice Young

Cause of Deeth: Primery: Pneumonia

Immediate

How long sick: 2 weeks

~~Accident, Suicide, Homicide~~

Reported by: Brownback

Address: R. Rox

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Unknown Man

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: North East — County: Cecil

Date of death: Month: December — Day: 16 — 1904 — Age: Years: 60? — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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Primary — How long

Immediate: Accident P.B.&W.R.R. — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Ricketts Nelson

Address: Coroner Cecil Co. Elkton, Md

Accident or Suicide?

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